Approved for use through 7/31/2009, CMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CHB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Dockel Humber Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) SMALL ENTITY (Column 2) · OR FOR NUMBER FILED BASIC FEE GT OFR 1.16(a), (b), or (ci) **HUMBER EXTRA** PATE (I) FEE (\$) RATE (6) FEE (1) 8EARCH FEE 67 OFR 1.1864, (), or (m) EXAMINATION FEE DI OFR 1,46(0), (p), or (q)) TOTAL CLAIMS (97 OFR 1.16(I)) minus 20 = ٠, INDEPENDENT CLAIMS (97 OFR 1.16(N)) OR . minus 8 = . if the specification and drawings exceed 100 x 2 APPLICATION SIZE sticets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 85 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). FEE (87 OFR 1.16(a)) MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.160) 4 if the difference in column 1 is less than zero, enter "V" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-TIONAL FEE (\$) AFTER RATE (\$) EXTRA ADDI MENDMENT PAID FOR TIONAL Total cu com 1.44(t) Minus 23 FEE (\$) x 25 5000 OR Endoponderal FIT OFFI LIFFILE Minues 6 ×100% 2000-OŔ Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1) OR TOTAL TOTAL ADD'L FEE OR · ADD'L FEE (Column 1) (Column 2) (Column 8) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-AFTER RATE (\$) PREVIOUSLY EXTRA ADDI-TIONAL FEE (\$) MENDMENT TIONAL PAID FOR Total profit Liqu FEE (t) Minus ò ${\mathcal O}$ OR MOSPONOSIE Minus OR Application 6tze Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 OFR 1.180)) OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.10. The information is required to obtain or retain a benefit by the public which is to till (and by the including gatheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclividual case: Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. OR ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.